

APPLICATION FOR MARRIAGE LICENSE

No. 99
File 423
Date of Application 10-12-98

IC 31-7-9-1. Furnishing false information upon applying for license.
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated _____
Name of Physician Barcia MD

MALE APPLICANT	
Name	First <u>Scott</u> Middle <u>M.</u> Last <u>Farris</u>
Date of Birth	Month <u>12</u> Day <u>07</u> Year <u>75</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.F. <u>4006 Brixton Rd. Apt. 6</u> City <u>Louisville</u> State <u>Ky</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Kentucky Drivers License</u>
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>	
2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
5. List the full names of any dependent children. _____	
6. (a) Full name of applicant's father <u>James Elbert Farris</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Kentucky</u> Birthplace of father (State or foreign country) <u>Ohio</u> (b) Full maiden name of applicant's mother <u>Cynthia Ellen Brown</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Kentucky</u> Birthplace of mother (State or foreign country) <u>South Carolina</u>	

FEMALE APPLICANT	
Name	First <u>Stacia</u> Middle <u>A.</u> Last <u>Nichols</u>
Date of Birth	Month <u>09</u> Day <u>22</u> Year <u>71</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.F. <u>614 West Cotton</u> City <u>New Albany</u> State <u>In</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Indiana Drivers License</u>
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>	
2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
5. List the full names of any dependent children. _____	
6. (a) Full name of applicant's father _____ (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) _____ Birthplace of father (State or foreign country) _____ (b) Full maiden name of applicant's mother <u>Dolore Kay Nichols</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u>	

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

☒ Scott Farris 10/12/98
Signature of Applicant Date

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

☒ Stacia A. Nichols 10/12/98
Signature of Applicant Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of Floyd) ss: Scott Farris
Signed _____
New Address _____

Subscribed and sworn to before me this 12 day of Oct. 1998
Betty J. Hammond Clerk of the Floyd Circuit Court

Clerk of Court _____ Date _____

State of Indiana)
County of Floyd) ss: Stacia A. Nichols
Signed _____
New Address _____

Subscribed and sworn to before me this 12 day of Oct. 1998
Betty J. Hammond Clerk of the Floyd Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of _____) ss: _____
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of _____) ss: _____
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19____

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of FLOYD County, Indiana, dated 10/12/98, authorizing the marriage of SCOTT M. FARRIS and STACIA A. NICHOLS.

I further certify that the following marriage certificate was filed in my office:
I, KEY CHAMBERS (name), certify that on 10/17/98 (date), at NEW ALBANY in FLOYD County, Indiana, SCOTT M. FARRIS of JEFFERSON County, KENTUCKY (state), and STACIA A. NICHOLS of FLOYD County, INDIANA (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of FLOYD County, Indiana, dated _____

Signed by: KEY CHAMBERS/ ASSOCIATE PASTOR (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 10/12/98 (date).

Signed BETTY J. HAMMOND Clerk
FLOYD Circuit Court